

Program Inspection Compliance Plan

Provider's Name: **School of Early Education**

City: **Brandon**

Provider Number: **018043091**

Inspector: **Stacie Ugofsky**

Date of Inspection: **10/14/2022**

Time of Inspection: **10:30 AM**

Provider was found to be in full compliance

Chelsea DeJonge

Provider Signature

10/20/2022

Date

Stacie Ugofsky

Inspector Signature

10/14/2022

Date